

REGISTRATION FORM

SA CONGRESS OF ONCOLOGY

Cape Town 2019

1. **COMPLETE** clearly in BLOCK LETTERS - detailed as possible please
2. **E-MAIL / FAX** Registration Form, as well as proof of payment to info@rkcommunication.co.za / + 27 (0) 86 60 60 555

You can also register
ONLINE at
www.saco2019.co.za

- Ensure that that you receive a confirmation by e-mail from the organisers **within 10 working days**.
- **Important request to companies sponsoring delegates:**
Kindly let us have the delegate's **personal** postal address and other contact information.

REGISTRATION CATEGORIES

Please tick one:		Radiation Oncologist		Medical Oncologist		Clinical oncologist		Paediatric Oncologist							
Gynaecological Oncologist		Haematologist		Registrar		Radiotherapist		MO		Medical Physicist		Nurse		Social Worker	
Pharmacist		GP		Admin staff		Fund Administrators		Trade		Other (specify):					

PERSONAL DETAILS

Surname				First name											
Initials		Title		Prof	Dr	Mr	Mrs	Ms	HPCSA No.						
Preferred badge name of delegate								ID / Passport No.							
Company / Institution								VAT No.							
Postal address															
Province			City			Country			Postal code						
Business telephone				Business fax											
E-mail address								Mobile no.							
Special dietary requirements			Vegetarian		Halaal		Other:								

ACCOMMODATION: You are responsible for your own accommodation arrangements. (Page 18)

Hotel?		The Westin Hotel		Southern Sun The Cullinan		Southern Sun Waterfront Cape Town		Stay Easy Cape Town City Bowl					
Other hotel / guest house / lodge (Please specify):													

Enquiries: Amelia Koch & Clayton Meise

Tel: 051 436 7733 / 083 265 0 265 Fax: +27 86 60 60 555
E-mail address for registration forms: info@rkcommunication.co.za

Please note that only trade delegates / representatives in the service of companies participating in the trade exhibition or involved as sponsors will be allowed to attend the congress.

The following information is relevant to the registration fees on page 2:

* "Members" refers to fully paid-up SASCRO, SACCSG & SASGO members.

** "Additional company delegates" refers to the additional trade delegates registered after the two free delegates per exhibition stand.

NAME: _____ Responsible for payment: _____

REGISTRATION FEES				
No VAT payable (Please refer to fee entitlements on page 15 of the Final Invitation)	EARLY BIRD Register AND pay UNTIL 31 May	STANDARD FEE Register AND pay FROM 1 June	ULTRA LATE FEE Register AND pay FROM 20 July 2019	
CONGRESS: ENTIRE DURATION (Workshops excluded)				
SASCRO, SACCSG & SASGO members*	R 2 500	R 3 400	R 4 500	R
Non-members (Independent Medical Practitioners)	R 2 800	R 3 700	R 4 900	R
Fellows / Registrars / Nurses / Radiotherapists / Radiation Therapists / Pharmacists / Social Workers / Medical Physicists / Medical Officers in fulltime government employment / GP's & Admin staff	R 2 000	R 2 500	R 3 400	R
Scheme & Fund Administrators	R 3 000	R 3 700	R 4 500	R
Additional company delegates**	R 5 400	R 5 600	R 7 300	R

DAY DELEGATE / SPECIFIC DAYS - Please tick the relevant day(s)	Fr	Sa	Su
SASCRO, SACCSG & SASGO members*	R 1 250 per day	R 1 700 per day	R 2 300 per day
Non-members (Independent Medical Practitioners)	R 1 500 per day	R 2 000 per day	R 2 600 per day
Fellows / Registrars / Nurses / Radiotherapists, Radiation Therapists / Pharmacists / Social Workers / Medical Physicists / Medical Officers in fulltime government employment / GP's & Admin staff	R 1 100 per day	R 1 400 per day	R 1 700 per day
Scheme & Fund Administrators	R 1 500 per day	R 2 200 per day	R 2 900 per day
Additional company delegates**	R 2 700 per day	R 2 850 per day	R 3 700 per day

PRE-CONGRESS WORKSHOPS				
Workshop 1 (Th, 8 August)	R 700	R 800	R 900	R
Workshop 2 (We, 7 & Th, 8 August)	Please register online at http://btw.brainchild.org.za/ for this workshop			

SOCIAL FUNCTIONS: (Free of charge for delegates registered for the entire academic congress.)				
Please indicate any additional GUESTS attending the functions below:				
Meet & Greet (Fr, 9 Aug)	Delegate(s) attending		Additional unregistered guests: ____ (Number) X R 450	R
Dinner & Awards (Sa, 10 Aug)	Delegate(s) attending		Additional unregistered guests: ____ (Number) X R 450	R

SHUTTLE SERVICE FROM CTICC TO AIRPORT ON 11 AUG AT 13:15	R 150	R
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METHOD OF PAYMENT	Bank deposit / EFT	Credit card	TOTAL	R
Bank deposit / EFT ABSA Bank (Brandwag) Account no: 405 540 6140 Swift code: ABSA ZA JJ (for international transfers) Reference: Your name & surname as it appears on the registration form.		(Please DO NOT mail cheques) Branch code: 632 005 Account name: SACO		

PLEASE CHARGE THE TOTAL DUE FOR SACO 2019 TO THE FOLLOWING CREDIT CARD:												
Name of card holder:												
Type of card	Visa	MasterCard	Diners or American Express Cards NOT ACCEPTED									
Card number												
Expiry date			Amount:	R								
Last 3 digits on back of card			Signature of card holder:									